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APPLICANTS

Miles A. Galin, NewYork, NY;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/282,476 03/31/1999 PAT 6,171,337 *checked the*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none the*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 07/21/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *[Signature]* Examiner's Signature Initials

ADDRESS  
23506  
GARDNER GROFF, P.C.  
2018 POWERS FERRY ROAD  
SUITE 800  
ATLANTA , GA  
30339

TITLE  
Positive power anterior chamber ocular implant

FILING FEE  RECEIVED 795	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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